

## ADAMS COUNTY STATE OF IDAHO ALCOHOL BEVERAGE CATERING PERMIT APPLICATION

		DATE OF APPLICATION :/			
CONTACT NAME:					
CATERING ORGANIZA	ATION NAME:				
BUSINESS ADDRESS: _					
CITY:		STATE:_	ZIP:_		
EMAIL:					
STATE ALCOHOL BEV	ERAGE LICENSE #				
COUNTY ALCOHOL B	EVERAGE LICENSE #				
DAY OF EVENT:(IF MORE THAN ONE I	HOURS OF EVENT:	::A NING DATES	M/PM TO _ BELOW.)	:AM/PM	
DAY OF EVENT:	HOURS OF EVENT:	::A	M/PM TO _	:AM/PM	
DAY OF EVENT:	HOURS OF EVENT:	:A	M/PM TO _	:AM/PM	
DAY OF EVENT:	HOURS OF EVENT:	:A	M/PM TO _	:AM/PM	
DAY OF EVENT:	HOURS OF EVENT:	:A	M/PM TO _	:AM/PM	
NAMES OF ORGANIZA	ATION(S), GROUP(S) OR PI	ERSON(S) SPO	NSORING T	THE EVENT:	
VENUE ADDRESS:					
SERVING (Check all tha	at will be served at event):	Wine 🔲 Lie	quor 🔲 Be	er	
day(s), not to exceed five (	be open to the named organization of the consecutive days at a fee of	Twenty (\$20.00	) per day.	s for a period of	
TOTAL # OF DAYS:	X \$20.00/day =		<del></del>		
County Ordinance 1983-3 activity undertaken pursuan	icant(s), acknowledge that Idah govern the issuance and use of nt to the sought permit will cor t to the law of the state of Idah	to Code Title 23 the permit sough the se state of the se state of the second se	, relevant IDA ht herein. I/w statues and reg	re do hereby agree that gulations. I/we certify under	
Signature of Licensee	Please Print	Please Print Name		Date	
Signature of Licensee	Please Print	Please Print Name		Date	
Receipt #	Pa	Paid:			
Approved By:		Date:			

## **Alcohol Beverage Catering Application Instructions:**

Fill in the information, including a contact person and phone number, for the catering application. The catering permit will be limited to authorization to sell liquor, beer, wine, or any combination, based upon the type of license the applicant possesses.

You may submit your application in person at the Adams County Clerk's office, via mail, or electronic communication, along with a copy of your current state alcohol beverage license and total fee due per the application. If submitting electronically, it is the applicant's responsibility to follow up with the County Clerk's office that the application was received.

Adams County Clerk's office is located at 201 Industrial Ave, Council, ID 83612. Adams County Clerk's mailing address is P.O. Box 48, Council, ID 83612. Adams County Clerk's email address is hcombs@co.adams.id.us Adams County Clerk's phone number is (208) 253-4561.

Application, copy of state license and application fee must be received by the clerks office at least five (5) days prior to the first day of the event for processing. The application fee shall be made payable to Adams County and will not be refunded in any event.

Updated: 7/22/2025